

Best Available Copy

CLAIMS ONLY						Application Number 10-624679	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep			2				
Total Depend			14				
Total Claims			16				

	Indep	Depend	Indep	Depend	Indep	Depend
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